Best Available Copy

| | PATENT | | ICATIC Effectiv | RD | | 0 | 7/ | 660 | 867 | | | |
|---|--|-----------|---------------------------------|----------------------|---|------------------|-----------------|---------------------|------------------------|------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE O | | | OTHER THAN | |
| FOR | | | NUMB | R FILED | NUMBEI | R EXTRA | RAT | | FEE | ٦ | RATE | FEE |
| BASIC FEE | | | | | | | | | 345.00 | OR | 44 T. W. C. V. | 690.00 |
| TOTAL CLAIMS | | | 20 minus 20= * - | | | | X\$ 9 |)= | | OR | X\$18= | |
| INE | EPENDENT CI | AIMS | 3 minus 3 = * | | | | X39 | | | OR | X78= | <u></u> |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | _ | <u> </u> | 1 | +260= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | +130 TOTA | | | OR | TOTAL | 690 |
| CLAIMS AS AMENDED - PART II | | | | | | | | , | | JOH | OTHER | |
| | | | umn 1) AiMS | Towns and a secretor | (Column 2) | (Column 3) | SMA | LL E | NTITY | OR | SMALL | |
| AMENDMENT A | | REM A | AINING FTER NDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATI | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NON | Total | <u> </u> | | Minus | ** | = | X\$ 9 | = | | OR | X\$18= | · |
| AME | Independent · | * | N OF M | Minus | *** PENDENT CLAI | = | X39= | - 1 | | OR | X78= | |
| | FIRST PRESE | NIAIR | ON OF MIC | JUIPLE DEI | PENDENT CLAI | M | +130 | _ | | OR | +260= | |
| | | | | | | * | TOT ADDIT. F | | | OR | TOTAL ADDIT. FEE | |
| | | | umn 1) | | (Column 2) | (Column 3) | ADDIT. F | CC L | | • | ADDII. FEET | |
| AMENDMENT B | | REM Al | AIMS AINING TER IDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | ** | = | X\$ 9= | = | | OR | X\$18= | |
| | Independent | * | N OF MI | Minus | *** PENDENT CLAI | = . M | X39= | | | OR | X78= | - |
| | | , , , , | | DETIL EL DET | LINDLINI CLAII | | +130= | = [| | OR | +260= | |
| | | | | | | | | AL EE L | | OR | TOTAL ADDIT. FEE | |
| | | | umn 1) AIMS | h Wildow at M | (Column 2) HIGHEST | (Column 3) | | | | , | | |
| AMENDMENT C | | REM AF | AINING TER IDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDN | Total | * | | Minus | ** | = | X\$ 9= | | | OR | X\$18= | |
| AME | Independent | * | N CE : " | Minus | *** | = | X39= | 十 | | OR | X78= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | ╅ | - | | | · · · · · · · |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | OR [| +260= TOTAL | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

Application or Docket Number